

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC)

ADDRESS (number and street)

625 SLATERS LANE SUITE 200

☐Check if different
than previously
reported. (ACC)

ALEXANDRIA

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIPCODE

C00357129

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☒July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2006

through

06

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Sue Mairena

Signature of Treasurer

Electronically Filed by Sue Mairena

Date

07

14

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		498.60
(b) Cash on Hand at Beginning of Reporting Period	491.60	
(c) Total Receipts (from Line 19)	37768.00	39902.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	38259.60	40400.60
7. Total Disbursements (from Line 31)	13575.23	15716.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24684.37	24684.37
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	30900.00	32900.00
(ii) Unitemized	3075.00	3075.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	33975.00	35975.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	3500.00	3500.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	37475.00	39475.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	293.00	427.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	37768.00	39902.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	37768.00	39902.00

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	575.23	716.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	575.23	716.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	13000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	2000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13575.23	15716.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	13575.23	15716.23

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	37475.00	39475.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37475.00	39475.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	575.23	716.23
37. Offsets to Operating Expenditures (from Line 15, page 3)	293.00	427.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	282.23	289.23

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC)

A. Full Name (Last, First, Middle Initial) Bill Bayer		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address 1648 Thistle Wood Drive		Transaction ID: SA11A1.5250
City State Zip Code Washington Crossin PA 18977	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Political contribution	
Name of Employer Medical Express	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Bill Bayer		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 1648 Thistle Wood Drive		Transaction ID: SA11A1.5172
City State Zip Code Washington Crossin PA 18977	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Political contribution	
Name of Employer Medical Express	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Ronald J. Billingsley		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 6369 Douglas Street		Transaction ID: SA11A1.5174
City State Zip Code Pittsburgh PA 15217	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Political contribution	
Name of Employer Responics	Occupation Government Relations Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC)

A. Full Name (Last, First, Middle Initial) Dexter Braff		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address 1045 Highfield Road		Transaction ID: SA11A1.5256
City Bethel Park	State PA	Zip Code 15102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer The Braff Group	Occupation President	Political contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B. Full Name (Last, First, Middle Initial) Todd Brason		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address 150 Beard Avenue		Transaction ID: SA11A1.5249
City Buffalo	State NY	Zip Code 14214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer WILLCARE	Occupation COO	Political contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Todd Brason		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 150 Beard Avenue		Transaction ID: SA11A1.5175
City Buffalo	State NY	Zip Code 14214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer WILLCARE	Occupation COO	Political contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC)

A. Full Name (Last, First, Middle Initial) Frank Brown Mailing Address PO Box 646 City State Zip Code Pt. Lookout NY 11569 FEC ID number of contributing federal political committee. C Name of Employer Homecare Concepts Occupation Executive VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 6 Transaction ID: SA11A1.5260 Amount of Each Receipt this Period 250.00 Political contribution
B. Full Name (Last, First, Middle Initial) Lynn Bryson Mailing Address 20465 Goldenrod Lane City State Zip Code Germantown MD 20876 FEC ID number of contributing federal political committee. C Name of Employer Roberts Home Medical Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 6 Transaction ID: SA11A1.5241 Amount of Each Receipt this Period 250.00 Political contribution
C. Full Name (Last, First, Middle Initial) Les De Felice Mailing Address 410 S. Front Street City State Zip Code Wheeling WV 26003 FEC ID number of contributing federal political committee. C Name of Employer De Felice Mobility Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: SA11A1.5177 Amount of Each Receipt this Period 500.00 Political contribution

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC)

A. Full Name (Last, First, Middle Initial)

Steven M. Filippis

Mailing Address 722 Lloyd Avenue

City State Zip Code
 Royal Oak MI 48073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wright & Filippis

Occupation
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.5179

Amount of Each Receipt this Period

250.00

Political contribution

B. Full Name (Last, First, Middle Initial)

Mike W. Hamilton

Mailing Address 1719 Patton Chapel Road

City State Zip Code
 Birmingham AL 35226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Association Services

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.5225

Amount of Each Receipt this Period

250.00

Political contribution

C. Full Name (Last, First, Middle Initial)

Tom Inman

Mailing Address 11842 Canon Boulevard

City State Zip Code
 Newport News VA 23606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Home Medical

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.5219

Amount of Each Receipt this Period

1000.00

Political contribution

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 22

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC)

A. Full Name (Last, First, Middle Initial) Tom Inman			Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 11842 Canon Boulevard			Transaction ID: SA11A1.5184	
City Newport News	State VA	Zip Code 23606	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			Political contribution	
Name of Employer Virginia Home Medical		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00		
B. Full Name (Last, First, Middle Initial) Alan Kirk			Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 619 N. Harrison Ave.			Transaction ID: SA11A1.5187	
City Elgin	State IL	Zip Code 60102	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			Political contribution	
Name of Employer Total Home Health, Inc.		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) Jeff Knight			Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 3008 Lexham Road			Transaction ID: SA11A1.5185	
City Louisville	State KY	Zip Code 40220	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			Political contribution	
Name of Employer Premier Home Care, Inc.		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC)

A. Full Name (Last, First, Middle Initial) Mario LaCute Mailing Address 104 Parker Drive City Andover State OH Zip Code 44003 FEC ID number of contributing federal political committee. C Name of Employer Seeley Medical Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 6 Transaction ID: SA11A1.5244 Amount of Each Receipt this Period 500.00 Political contribution
B. Full Name (Last, First, Middle Initial) Alan Landauer Mailing Address 41 Ethelridge Road City White Plains State NY Zip Code 10605 FEC ID number of contributing federal political committee. C Name of Employer Landauer Metropolitan Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: SA11A1.5190 Amount of Each Receipt this Period 1000.00 Political contribution
C. Full Name (Last, First, Middle Initial) Carol Laumer Mailing Address 1313 Ella Avenue NW City Willmar State MN Zip Code 56201 FEC ID number of contributing federal political committee. C Name of Employer Rice Home Medical Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 6 Transaction ID: SA11A1.5226 Amount of Each Receipt this Period 250.00 Political contribution

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC)

A. Full Name (Last, First, Middle Initial)

Carol Laumer

Mailing Address 1313 Ella Avenue NW

City State Zip Code
 Willmar MN 56201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rice Home Medical

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.5191

Amount of Each Receipt this Period

100.00

Political contribution

B. Full Name (Last, First, Middle Initial)

Jim Liken

Mailing Address 5 Deer Spring Lane

City State Zip Code
 Pittsburgh PA 15238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Espironics, Inc.

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.5192

Amount of Each Receipt this Period

1000.00

Political contribution

C. Full Name (Last, First, Middle Initial)

Kathy Odell

Mailing Address 1400 Northridge Road

City State Zip Code
 Santa Barbara CA 93105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inogen, Inc.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.5240

Amount of Each Receipt this Period

250.00

Political contribution

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC)

A. Full Name (Last, First, Middle Initial) David Petsch Mailing Address 104 S. Belair Road #8 City State Zip Code Martinez GA 30907 FEC ID number of contributing federal political committee. C Name of Employer Petsch Respiratory Services Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: SA11A1.5199 Amount of Each Receipt this Period 300.00 Political contribution
B. Full Name (Last, First, Middle Initial) Timothy Pontius Mailing Address 3918 Monroe Street City State Zip Code Toledo OH 43606 FEC ID number of contributing federal political committee. C Name of Employer Young Medical Services Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6 Transaction ID: SA11A1.5258 Amount of Each Receipt this Period 1500.00 Political contribution
C. Full Name (Last, First, Middle Initial) Timothy Pontius Mailing Address 3918 Monroe Street City State Zip Code Toledo OH 43606 FEC ID number of contributing federal political committee. C Name of Employer Young Medical Services Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: SA11A1.5201 Amount of Each Receipt this Period 3500.00 Political contribution
SUBTOTAL of Receipts This Page (optional) ▶		5300.00
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC)

A. Full Name (Last, First, Middle Initial) Joe Priest Mailing Address 651 Mountain View Drive City State Zip Code Lewiston NY 14092 FEC ID number of contributing federal political committee. C Name of Employer Occupation Airsep Corporation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 06 / 29 / 2006 Transaction ID: SA11A1.5205 Amount of Each Receipt this Period 1000.00 Political contribution
B. Full Name (Last, First, Middle Initial) Tom Ryan Mailing Address 1095 Route 110 City State Zip Code Farmingdale NY 11735 FEC ID number of contributing federal political committee. C Name of Employer Occupation Homecare Concepts, Inc. Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 05 / 22 / 2006 Transaction ID: SA11A1.5243 Amount of Each Receipt this Period 1000.00 Political contribution
C. Full Name (Last, First, Middle Initial) Tom Ryan Mailing Address 1095 Route 110 City State Zip Code Farmingdale NY 11735 FEC ID number of contributing federal political committee. C Name of Employer Occupation Homecare Concepts, Inc. Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt MM / DD / YYYY 06 / 29 / 2006 Transaction ID: SA11A1.5208 Amount of Each Receipt this Period 1000.00 Political contribution
SUBTOTAL of Receipts This Page (optional) ▶		3000.00
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC)

A. Full Name (Last, First, Middle Initial) Jason Seeley Mailing Address 965 Elcliff Drive City State Zip Code Westerville OH 43081 FEC ID number of contributing federal political committee. C Name of Employer Occupation DASCO President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 6 Transaction ID: SA11A1.5253 Amount of Each Receipt this Period 500.00 Political contribution
B. Full Name (Last, First, Middle Initial) James Walsh, Jr. Mailing Address Box 596 City State Zip Code Waterloo IA 50704 FEC ID number of contributing federal political committee. C Name of Employer Occupation Van G. Miller & Associates General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 6 Transaction ID: SA11A1.5230 Amount of Each Receipt this Period 500.00 Political contribution
C. Full Name (Last, First, Middle Initial) James Walsh, Jr. Mailing Address Box 596 City State Zip Code Waterloo IA 50704 FEC ID number of contributing federal political committee. C Name of Employer Occupation Van G. Miller & Associates General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: SA11A1.5209 Amount of Each Receipt this Period 1000.00 Political contribution
SUBTOTAL of Receipts This Page (optional) ▶		2000.00
TOTAL This Period (last page this line number only) ▶		

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC)

A. Full Name (Last, First, Middle Initial) Donald White		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 85 Woodridge Drive		Transaction ID: SA11A1.5216	
City Amherst	State NY	Zip Code 14228	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Political contribution	
Name of Employer Associated Healthcare Systems	Occupation President	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Jeff Wills		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 1113 Jeremy Drive		Transaction ID: SA11A1.5210	
City El Reno	State OK	Zip Code 73036	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Political contribution	
Name of Employer Canadian Valley Mdcl Solutions	Occupation CFO	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

30900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC)

Full Name (Last, First, Middle Initial)

A. AIR PRODUCTS AND CHEMICALS INC. POLITICAL ALLIANCE

Mailing Address P.O. Box 441

City State Zip Code
 Trexlertown PA 18087

FEC ID number of contributing
federal political committee.

C C00127258

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: SA11C.5173

Amount of Each Receipt this Period

1000.00

Political contribution

Full Name (Last, First, Middle Initial)

B. PRIDE MOBILITY PRODUCTS CORP PAC

Mailing Address 182 SUSQUEHANNA AVE

City State Zip Code
 EXETER PA 18643

FEC ID number of contributing
federal political committee.

C C00388132

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 2 / 2 0 0 6

Transaction ID: SA11C.5232

Amount of Each Receipt this Period

1000.00

Political contribution

Full Name (Last, First, Middle Initial)

C. PRIDE MOBILITY PRODUCTS CORP PAC

Mailing Address 182 SUSQUEHANNA AVE

City State Zip Code
 EXETER PA 18643

FEC ID number of contributing
federal political committee.

C C00388132

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: SA11C.5203

Amount of Each Receipt this Period

1000.00

Political contribution

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 22

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC)

A. Full Name (Last, First, Middle Initial)
VGM MANAGEMENT LTD PAC (VGMPAC)

Mailing Address 1111 W SAN MARNAN DRIVE

City	State	Zip Code
WATERLOO	IA	50701

FEC ID number of contributing
federal political committee.**C** C00402545

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	2	/	2	0	0	6

Transaction ID: SA11C.5228

Amount of Each Receipt this Period

500.00

Political contribution

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

3500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 22

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC)

A. Full Name (Last, First, Middle Initial) AAHomecare		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6	
Mailing Address 625 Slaters Lane Suite 200		Transaction ID: SA15.5215	
City Alexandria	State VA	Zip Code 22314	Amount of Each Receipt this Period 47.00
FEC ID number of contributing federal political committee. C		Reimburse bank/credit card fees	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00		

B. Full Name (Last, First, Middle Initial) AAHomecare		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6	
Mailing Address 625 Slaters Lane Suite 200		Transaction ID: SA15.5171	
City Alexandria	State VA	Zip Code 22314	Amount of Each Receipt this Period 199.00
FEC ID number of contributing federal political committee. C		Reimbursement of bank/credit card fees	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 427.00		

SUBTOTAL of Receipts This Page (optional)

246.00

TOTAL This Period (last page this line number only)

246.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit card processing fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5161

Date of Disbursement

06 / 26 / 2006

Amount of Each Disbursement this Period

91.45

Full Name (Last, First, Middle Initial)

B. NOVA Information Systems

Mailing Address 7300 Chapman Highway

City
Knoxville

State
TN

Zip Code
37920

Purpose of Disbursement
Credit card processing fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5158

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

221.28

SUBTOTAL of Disbursements This Page (optional)

312.73

TOTAL This Period (last page this line number only)

312.73

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC)

Full Name (Last, First, Middle Initial)

A. FREEDOM FUND; THE

Mailing Address 5669 SNELL AVE SUITE 223

City
SAN JOSEState
CAZip Code
95123Purpose of Disbursement
Political contribution

Candidate Name

011

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.5162

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	0	6

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MAX BAUCUS

Mailing Address PO BOX 586

City
HELENAState
MTZip Code
59624Purpose of Disbursement
Political contributionCandidate Name
FRIENDS OF MAX BAUCUS

011

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MT District: 00

Transaction ID: SB23.5165

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	0	6

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. MIKE DEWINE FOR US SENATE

Mailing Address PO BOX 340188

City
COLUMBUSState
OHZip Code
43234Purpose of Disbursement
Political contributionCandidate Name
MIKE DEWINE FOR US SENATE

011

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 00

Transaction ID: SB23.5163

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	0	6

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC)

Full Name (Last, First, Middle Initial)

A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
Political contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.5166

Date of Disbursement

06 / 14 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. SCHWARZ FOR CONGRESS

Mailing Address POST OFFICE BOX 2063

City
BATTLE CREEK

State
MI

Zip Code
49016

Purpose of Disbursement
Political contribution

Candidate Name
SCHWARZ FOR CONGRESS

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 07

Transaction ID: SB23.5169

Date of Disbursement

06 / 05 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. SNOWE FOR SENATE

Mailing Address PO BOX 2006

City
PORTLAND

State
ME

Zip Code
04104

Purpose of Disbursement
Political contribution

Candidate Name
SNOWE FOR SENATE

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 00

Transaction ID: SB23.5167

Date of Disbursement

06 / 12 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

13000.00